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CONFIRMATION NO. 3009

<b>SERIAL NUMBER</b> 10/616,926	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 239570US 25 CONT
<b>APPLICANTS</b> Kimberly A. Anderson, Eagan, MN; Johann J. Neisz, Coon Rapids, MN; Gary A. Rocheleau, Maple Grove, MN; John W. Westrum JR., Prior Lake, MN; David R. Staskin, Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/917,445 07/27/2001 PAT 6,802,807 which claims benefit of 60/263,472 01/23/2001 and claims benefit of 60/269,829 02/20/2001 ABN and claims benefit of 60/281,350 04/04/2001 and claims benefit of 60/295,068 06/01/2001 and claims benefit of 60/306,915 07/20/2001				
<b>** FOREIGN APPLICATIONS *****</b> none filed 4/16/07				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/09/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> allowance <input checked="" type="checkbox"/> <i>H. St</i> Verified and Acknowledged <i>H. St</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 59	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 22850				
<b>TITLE</b> Surgical instrument and method				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	